

Montgomery vs. Cuomo

Exhibit Group G

Exhibit #20 – ELIH “Notice”

**NOTICE OF STATUS AND RIGHTS
EMERGENCY ADMISSION**
(to be given to the patient at the time of
admission to the hospital)
Section 9.39 Mental Hygiene Law

Patient's Name (Last, First, M.I.)	"C" No.
Donald	
Sex	Date of Birth
Facility Name	Unit/Ward Residence No.

TO: _____

Date of arrival at Hospital:	5	23	14
Mo.	Day	Yr.	

Based upon an examination by a staff physician, you have been admitted as an emergency-status patient to this hospital for persons with mental illness because you are alleged to have a mental illness for which immediate observation, care, and treatment in a hospital is appropriate. It is also alleged that such mental illness is likely to result in serious harm, which according to Section 9.01 of the Mental Hygiene Law means "(a) a substantial risk of physical harm to the person as manifested by threats of, or attempts at suicide or serious bodily harm or other conduct demonstrating that the person is dangerous to himself or herself, or (b) a substantial risk of physical harm to other persons as manifested by homicidal or other violent behavior by which others are placed in reasonable fear of serious physical harm." Within 48 hours of the time of your admission, you will be examined by another physician, who is a member of the psychiatric staff of the hospital. If he or she confirms the first physician's findings, you may then be kept in the hospital for a period of up to 15 days from the date of your arrival. During this 15 day period you may be released, converted to involuntary status, or asked to remain as a voluntary or informal patient.

You, and anyone acting on your behalf, should feel free to ask hospital staff about your condition, your status and rights under the Mental Hygiene Law, and the rules and regulations of this hospital.

If you, or those acting on your behalf, believe that you do not need immediate observation, care and treatment, you or they may make a written request for a court hearing that will take place as soon as possible, and in any event, within 5 days after the request is received by the hospital. Copies of such a request will be forwarded by the hospital director to the appropriate court and the Mental Hygiene Legal Service.

MENTAL HYGIENE LEGAL SERVICE

The Mental Hygiene Legal Service, a court agency independent of this hospital, can provide you and your family with protective legal services, advice and assistance, including representation, with regard to your hospitalization. You are entitled to be informed of your rights regarding hospitalization and treatment, and have a right to a court hearing, to be represented by a lawyer, and to seek independent medical opinion.

You, or someone acting on your behalf, may see or communicate with a representative of the Mental Hygiene Legal Service by telephoning or writing directly to the office of the Service or by requesting hospital staff to make such arrangements for you.

The Mental Hygiene Legal Service representative for this hospital may be reached at:

THE ABOVE PATIENT HAS BEEN GIVEN A COPY OF THIS NOTICE.

Signature of Staff Physician	Date
COPIES TO: Persons designated by patient to be informed of admission. (If None, type in "NONE".)	
_____ _____ _____	_____ _____ _____

NOTICE OF STATUS AND RIGHTS**EMERGENCY ADMISSION**

(to be given to the patient at the time of
admission to the hospital)

Section 9.39 Mental Hygiene Law

Patient's Name (Last, First, M.I.)

"C" No.

MONTGOMERY DONALD

Patient #: [REDACTED] HSV: PSY

Adm date: 2014-05-23 Medical Rec#: [REDACTED]

Adm Dr.: HOVERKAMP DOUGLAS

DOB: 1946-01-01 Age: 67 Sex: M

Sex

Facility Name

Unit/Ward Residence No.

TO: _____

Date of arrival at Hospital:	5	23	14
Mo.	Day	Yr.	

Based upon an examination by a staff physician, you have been admitted as an emergency-status patient to this hospital for persons with mental illness because you are alleged to have a mental illness for which immediate observation, care, and treatment in a hospital is appropriate. It also alleged that such mental illness is likely to result in serious harm, which according to Section 9.01 of the Mental Hygiene Law means "(a) a substantial risk of physical harm to the person as manifested by threats of, or attempts at suicide or serious bodily harm or other conduct demonstrating that the person is dangerous to himself or herself, or (b) a substantial risk of physical harm to other persons as manifested by homicidal or other violent behavior by which others are placed in reasonable fear of serious physical harm." Within 48 hours of the time of your admission, you will be examined by another physician, who is a member of the psychiatric staff of the hospital. If he or she confirms the first physician's findings, you may then be kept in the hospital for a period of up to 15 days from the date of your arrival. During this 15 day period you may be released, converted to involuntary status, or asked to remain as a voluntary or informal patient.

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You, or someone acting on your behalf, may see or communicate with a representative of the Mental Hygiene Legal Service by telephoning or writing directly to the office of the Service or by requesting hospital staff to make such arrangements for you.

The Mental Hygiene Legal Service representative for this hospital may be reached at:

MENTAL HYGIENE LEGAL SERVICE
1 COURT STREET
RIVERHEAD, NY 11901
(631) 852-2325

THE ABOVE PATIENT HAS BEEN GIVEN A COPY OF THIS NOTICE.

Signature of Staff Physician

Date

COPIES TO: Persons designated by patient to be informed of admission.
(If None, type in "NONE".)

**NOTIFICACION DE ESTADO LEGAL Y DERECHOS
INGRESO DE EMERGENCIA**

(Para ser entregada al paciente al momento del ingreso al hospital)

Sección 9.39 de la Ley de Higiene Mental

Nombre del paciente:
(Apellido, Nombre, Iniciales del segundo nombre)

Expediente número

Sexo: Fecha de nacimiento:

Nombre de la institución:

Unidad/Pabellón/Cuarto No.:

A: _____

Fecha de llegada al hospital:			
	Mes	Día	Año

Basado en los examenes de un medico de este hospital, usted ha sido admitido, como paciente con estado legal de emergencia, a este hospital para personas con enfermedades mentales, porque se alega que usted padece de una enfermedad mental para la cual se considera apropiado la observacion immediata, cuidado y tratamiento en un hospital. Tambien se considera que es posible que tal enfermedad mental resulte en dano serio lo que de acuerdo a la Seccion 9.01 de la Ley de Higiene Mental significa "(a) riesgo sustancial de dano fisico a la persona segun se manifiesta a traves de amenazas o intento de suicidio o dane serio al cuerpo u otra conducta que demuestre que la persona es peligrosa asi misma, o (b) riesgo sustancial de dano fisico a otras personas manifestado mediante conducta homicida u otras conductas violentas las cuales causan que otras personas sientan miedo razonable de sufrir dano fisico serio." Dentro de 48 horas a partir del momento del ingreso, usted sera examinado por otro medico miembro del departamento psiquiatrico de este hospital. Si se confirman los informes del primer medico usted permanecera internado en el hospital por un periodo de hasta 15 dias a partir de su llegada. Durante este periodo de 15 dias usted puede ser dado de alta, cambiado a estado legal involuntario o permanecer internado como paciente voluntario o informal.

Usted y cualquiera que actue en representacion suya estan en libertad de preguntar al personal del hospital acerca de su condicion, su estado legal y derechos bajo la ley de higiene mental y las normas y reglamentos de este hospital.

Si usted o sus representantes consideran que usted no necesita observacion, cuidado y tratamiento immediatos, usted o ellos pueden hacer una peticion escrita para una audiencia ante el tribunal la que se llevara a cabo tan pronto como sea posible dentro de los proximo cinco dias despues que la peticion sea recibida en el hospital. Las copias de dicha peticion seran enviadas por el director(a) del hospital al tribunal apropiado y al Servicio Legal de Higiene mental.

SERVICIO LEGAL DE HIGIENE MENTAL

El Servicio Legal de Higiene Mental, una agencia del tribunal no relacionada con este hospital, puede proporcionar a usted y a su familia servicios legales de proteccion, consejeria y asistencia, incluyendo representacion con relacion a su hospitalizacion. Usted tiene derecho a ser informado sobre sus derechos relacionados con la hospitalizacion y tratamiento al igual que a una audiencia ante el tribunal, a ser representado por un abogado y a buscar opinion medica independiente.

Usted o cualquier otra persona actuando en representacion suya puede ver o comunicarse con un representante del Servicio Legal de Higiene Mental ya sea por telefono o escribiendo directamente a la oficina del servicio o solicitando al personal del hospital que haga tales arreglos por usted.

El representante del Servicio Legal de Higiene Mental de este hospital puede ser localizado en:

**AL PACIENTE ANTERIORMENTE MENCIONADO SE LE HA ENTREGADO
UNA COPIA DE ESTA NOTIFICACION.**

Firma del medico

Fecha

COPIAS A: Personas designadas por el paciente para ser informadas acerca
del ingreso. (Si es ninguno escriba "NINGUNO").

Montgomery vs. Cuomo

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Exhibit #21 – Montgomery letter (June 10, 2014)

Mr. Donald Montgomery
325 Fawn Lane
Cutchogue, NY 11935
June 10, 2014

Board of Directors
Eastern Long Island Hospital
201 Manor Place
Greenport, NY 11944

Dear Sirs:

On May 23, 2014, with the assistance of Karen Malcomson, Psychiatric Nurse Practitioner, I voluntarily entered Eastern Long Island Hospital (ELIH) to be treated for sleep deprivation. After 2 nights of sleep I was discharged on May 25, 2014. I spent approximately 48 hours in the hospital.

Shortly thereafter the NYS Police advised Suffolk County in a letter dated May 29, 2014 that I had been adjudicated a "...mental defective or has been involuntarily committed to a mental institution." On May 30, 2014, my personal handguns were seized by Suffolk County Sheriff Officer DiCarlo #451. In addition my pistol license was suspended.

I was not involuntarily committed and am not a mental defective as Ms. Macolmson can attest to and it is my understanding she is currently in contact with ELIH in attempts to have you correct your error.

I served Suffolk County as a Police Officer for over 30 years and retired as a Detective Sergeant. I had a spotless record and was awarded the department's Bravery Medal. I was a Commanding Officer for 15 years.

The hospital's error has caused me much consternation and inconvenience and could possibly besmirch my good reputation. I respectfully request that you correct this situation by notifying the following agencies as soon as possible that I was not involuntarily committed and that I am not mentally defective:

1 - NY State Police
Building 22
1220 Washington Avenue
Albany, NY 12226-2252
Attn: T/SGT. Timothy Jackson

2 - Suffolk County Sheriffs Office
Pistol License Bureau
100 Center Drive
Riverhead, NY 11901 – 3390

I expect this matter to be resolved in a timely fashion so that further action on my part will not be necessary.

Yours truly,

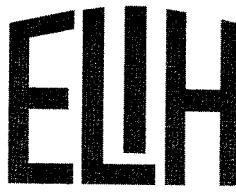
Donald Montgomery
Donald Montgomery D/Sgt (R)

Cc: Karen Macolmson
T/Sgt Timothy Jackson, NYS Police
C/O Suffolk County Pistol License Bureau

Montgomery vs. Cuomo

Exhibit Group G

Exhibit #22 – ELIH letter (July 2, 2014)



EASTERN LONG ISLAND HOSPITAL

201 Manor Place, Greenport, NY 11944 • 631-477-1000 • Fax 631-477-1746



July 2, 2014

Donald Montgomery
325 Fawn Lane
Cutchogue, NY 11935

Dear Mr. Montgomery:

I am in receipt of your letter dated June 10, 2014 in which you state that your guns were removed from your possession. We have investigated your concerns and reviewed them with the psychiatrist who treated you during your stay at Eastern Long Island Hospital. Regulatory agency mandates require the hospital to provide a list of involuntarily admitted patients to the National Instant Criminal Background Check System (NICS), as was done relative to your admission. Neither the hospital nor the physician reported your admission to the New York State Police or Suffolk County Police.

Thank you for giving us the opportunity to evaluate the care we provide to members of our community. We utilize feedback such as yours to help improve the services we provide. If you do not feel that your concerns have been addressed satisfactorily, you may contact the New York State Department of Health @ 1-800-804-5447.

Sincerely,

A handwritten signature in black ink, appearing to read 'Tara Kraemer'.
Tara Kraemer, RN, Director
Quality Management Department

TK/bh

Montgomery vs. Cuomo

Exhibit Group G

Exhibit #23 – NYS Police letter (May 29, 2014)



JOSEPH A. D'AMICO
SUPERINTENDENT

**NEW YORK STATE POLICE
BUILDING 22
1220 WASHINGTON AVE.
ALBANY, N. Y. 12226-2252**

May 29, 2014

Suffolk County Clerk's Office
Judith A. Pascale
310 Center Drive
Riverhead, NY 11901

The Division of State Police has become aware that a person identified as **Donald H Montgomery, (DOB) [REDACTED] 1946**, has been adjudicated as a mental defective or has been involuntarily committed to a mental institution. Under federal law, this individual is prohibited from possessing a firearm, rifle or shotgun pursuant to 18 U.S.C. 922(g)(4).

The New York State Police has made a non-fingerprint-based identification consistent with a subject bearing the same name and non-clinical identifying information who is a licensee or an applicant for a firearms license in your jurisdiction.

Please be aware that the identity of the subject is based on a match of the following information:

941 MHL SUBJECT:	
Name:	Donald H Montgomery
DOB:	[REDACTED] 1946
SSN:	[REDACTED] 2895
Address:	325 Fawn Lane Cutchogue, NY 11935
Gender:	Male
Race:	White
Other:	

The State Police provides the enclosed information for your immediate review to enable licensing officers, or any judge or justice of a court of record, to take appropriate action before you revoke or

To assist in further identifying the individual, the contact information of the reporting medical professional can be obtained by calling Mr. John Allen, Special Assistant to the Commissioner of the New York State Office of Mental Health at (518) 473-6579.

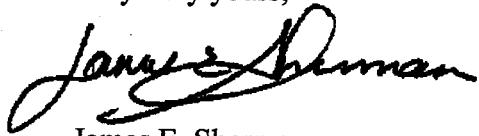
The State Police Member assigned to this notification is below:

NYSP MEMBER WHO INVESTIGATED NOTIFICATION	
Name:	T/Sgt. Timothy Jackson
Phone:	(518) 464-7120

In the event that a suspension or revocation order is issued, please provide the name of the law enforcement agency to which the order was referred.

This notification should be handled with attention given to strict confidentiality. Thank you in advance for your immediate attention to this matter.

Very truly yours,



James E. Sherman
Technical Lieutenant
Pistol Permit Bureau
New York State Police

Montgomery vs. Cuomo

Exhibit Group G

Exhibit #24 – Sheriff's Department Receipts (May 30, 2014)

COUNTY OF SUFFOLK

RECEIVES + REG.



SHERIFF'S OFFICE

GENERAL RECEIPT

RECEIVED FROM: Donald H. Montgomery
ITEM(S) (1) Pistol License ID Card # C- [REDACTED]

RECEIVED BY: DIS Inv. Dicarlo # 451
DATE: 5/30/14

SCSO #56

29-0428.. 12/05kd



**SUFFOLK COUNTY
SHERIFF'S OFFICE**

DARREN F. DICARLO
DEPUTY SHERIFF INVESTIGATOR
PISTOL LICENCE BUREAU

100 CENTER DRIVE
RIVERHEAD, NY 11901
e-mail: darren.dicarlo@suffolkcountyny.gov

PH: (631) 852-2234
FAX: (631) 852-2843

PROPERTY RECEIPT



SHERIFF'S OFFICE

 100 CENTER DRIVE
 RIVERHEAD, NEW YORK 11901-3390
 (631) 852-2200
SURRENDERED BY

Donald H. Montgomery (- [REDACTED]

FOUND BY

(NAME) OR (I.D. NUMBER)

WTR

325 Fawn Lane (STREET) OR (CC NUMBER)

DVU

Cutchogue NY 11935 (TOWN) (STATE) (ZIP)

EVIDENCE

RECEIVED BY

Officer Darren F. DiCarlo SH. # 451
(TITLE) (NAME)

Pistol License

DATE 5/30/14

(AGENCY) (BUREAU) OR (SECTION)

PURPOSE OF SURRENDER

DESTROY HOLD

GIVE EXPLANATION Suspended

REF. #	MAKE	MODEL	TYPE	CAL.	SERIAL NUMBER(S)	LOC.
	Colt	Det 321	Rev.	38	[REDACTED]	Prop.
	F.I.P.	Dagger	Rev.	38	[REDACTED]	Prop.
	Glock	26	Auto	9mm	[REDACTED]	Prop.
	S&W	36380	P.S.	380	[REDACTED]	Prop.

PROPERTY SECTION RECEIPT

SH. # _____ DATE _____
(TITLE) (NAME)

DISPOSITION

RECEIVED BY _____ DATE _____
(PRINT NAME)SIGNATURE _____ ID _____
(DRIVER LIC.#)

SHIELD NUMBER _____ AGENCY _____

Montgomery vs. Cuomo

Exhibit Group G

Exhibit #25 – Sheriff's Department letter (June 2, 2014)



OFFICE OF THE SHERIFF
Vincent F. DeMarco

SHERIFF

June 2, 2014

Donald Montgomery
325 Fawn Lane
Cutchogue, NY 11935

C-[REDACTED]

Mr. Montgomery,

This letter is to officially inform you that your pistol license is suspended. The Division of State Police has notified our office that you have been adjudicated as mental defective or have been involuntarily committed to a mental institution. Under federal law, you are prohibited from possessing a firearm, rifle, or shotgun.

Sincerely,

A handwritten signature in black ink, appearing to read "D/S Inv. S. W. D. O. 70".

Commanding Officer SCSO Pistol License Section

Montgomery vs. Cuomo

Exhibit Group G

Exhibit #26 – Capanna letter (September 2, 2014)

Paloma A. Capanna
Attorney & Policy Analyst

633 Lake Road
Webster, New York 14580

(585) 377-7260
fax (585) 377-7268

September 2, 2014

Pistol License Bureau
Suffolk County Sheriff's Office
100 Center Drive
Riverhead, New York 11901

Re: Mr. Donald Montgomery

To the Pistol License Bureau:

I represent Mr. Donald Montgomery in the matter of his pistol permit.

Enclosed is Mr. Montgomery's "NYS Firearms License Request for Public Records Exemption" form.

As of August 2014, Mr. Montgomery permanently resides in Monroe County at 91 Broadmoor Trail, Fairport, New York 14450.

Mr. Montgomery received notification from you of the suspension of his pistol permit, and is requesting a hearing to request the reinstatement of that permit. Our preference is for the hearing to be conducted in Monroe County because this is now his county of residence. We are requesting the transfer of Mr. Montgomery's file to Monroe County.

If you intend to retain the venue of the pistol permit hearing in Suffolk County, will you please so notify us? We will then be requesting a date to travel down for the review of the file and participate in a hearing.

Enclosed with a separate cover letter is a request for a copy of all records pertaining to Mr. Montgomery at the Suffolk County Sheriff's Department. I draw this to your attention because we would like to ensure that the response to this records request includes all records relating to Mr. Montgomery's pistol permit.

Paloma A. Capanna, Attorney

September 2, 2014

Page 2 of 2

Please do not hesitate to contact me with any questions or to otherwise discuss the matter of the venue for the hearing.

Respectfully,

Paloma A. Capanna

Paloma A. Capanna

c. (w/encl.): Mr. Donald Montgomery

NYS Firearms License Request for Public Records Exemption*Pursuant to section 400.00 (5) (b) of the NYS Penal Law*

Reset

I am: an applicant for a firearms license currently licensed to possess a firearm in NYSName DONALD MONTGOMERY Date of Birth 1/1946Address 91 BROADMOOR TRAIL City FAIRPORT State NY 14450Firearms License Number C-[REDACTED] Date Issued JULY 2005Licensing Authority / County of Issuance or Application Suffolk County Sheriff's Office

I hereby request that any information concerning my firearms license application or firearms license not be a public record. The grounds for which I believe my information should NOT be publicly disclosed are as follows: (check all that are applicable)

1. My life or safety may be endangered by disclosure because:

- A. I am an active or retired police officer, peace officer, probation officer, parole officer, or corrections officer;
- B. I am a protected person under a currently valid order of protection;
- C. I am or was a witness in a criminal proceeding involving a criminal charge;
- D. I am participating or previously participated as a juror in a criminal proceeding, or am or was a member of a grand jury;

2. My life or safety or that of my spouse, domestic partner or household member may be endangered by disclosure for some other reason explained below: (Must be explained in item 5 below)

3. I am a spouse, domestic partner or household member of a person identified in A, B, C or D of question 1.

(Please check any that apply)

A B C D

4. I have reason to believe that I may be subject to unwarranted harassment upon disclosure.

5. *(Please provide any additional supportive information as necessary)*

I understand that false statements made herein are punishable as a Class A Misdemeanor. I further understand that upon discovery that I knowingly provided any false information, I may be subject to criminal penalties and that this request for an exemption shall become null and void.

Donald M. Montgomery
Signature

8/28/14
Date

YOU MUST SIGN THIS REQUEST FOR YOUR EXEMPTION TO BE VALID.

Please return this FOIL Exemption Request to the Suffolk County Sheriff's Office Pistol License Bureau.
By Mail: Suffolk County Sheriff's Pistol License Bureau, 100 Center Drive, Riverhead, New York 11901

By Fax: 631-852-2843

By E-mail: SCSO.Pistols@suffolkcountyny.gov (Must have a signature.)

Paloma A. Capanna
Attorney & Policy Analyst

633 Lake Road
Webster, New York 14580

(585) 377-7260
fax (585) 377-7268

September 2, 2014

Records Access Officer
Suffolk County Sheriff's Office
100 Center Drive
Riverhead, New York 11901

Re: Mr. Donald Montgomery

To the Records Access Officer:

Enclosed is an "Application for Public Access to Records," signed by Mr. Donald Montgomery, requesting his own records at your agency or office. I represent Mr. Montgomery in this matter and the responsive records should be sent to my attention. This direction is also printed on the document signed by Mr. Montgomery.

Please do not hesitate to contact me with any questions.

Thank you for your assistance in this matter.

Respectfully,

Paloma A. Capanna
Paloma A. Capanna

c. (w/encl.): Mr. Donald Montgomery

APPLICATION FOR PUBLIC ACCESS TO RECORDS

To: RECORDS ACCESS OFFICER

Agency: Suffolk County Sheriff's Office
Pistol License Bureau
100 Center Drive
Riverhead, New York 11901

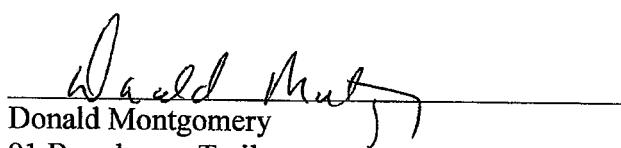
I HEREBY APPLY TO INSPECT THE FOLLOWING RECORDS:

1. all records pertaining to me at the Suffolk County Sheriff's Office, including, but not limited to the Pistol License Bureau, including those relating to my pistol permit or other firearms related matter;
2. all records pertaining to me at the Suffolk County Sheriff's Office, specifically as may relate to the New York Mental Hygiene Law, including, but not limited to, such forms as may have been filed pursuant to Mental Hygiene Law §§9.46, 9.39, 33.13, 18, or 17;
3. all records of individuals, agencies, law enforcement officer, or other government employee making inquiry into records pertaining to me at the Suffolk County Sheriff's Office, whether federal, state, or local in nature;
4. all records of individuals, agencies, law enforcement officer, or other government employee giving direction to the Suffolk County Sheriff's Office, whether federal, state, or local in nature, pertaining to me, particularly with regard to my pistol permit, to any claim of having suffered a disqualifying event, to any claim relative to any medical or mental health services I may have received, or otherwise;
5. all records pertaining to the process through which my pistol permit was suspended in or about June 2014; and,
6. all records pertaining to the personal contact with me by the Suffolk County Sheriff's Department in or about June 2014 for the collection of my firearms upon the suspension of my pistol permit.

I HEREBY REQUEST COPIES OF THE FOLLOWING RECORDS AT \$.25 PER PAGE:

All records, without limitation, which satisfy the above-itemized requests for information.

I HEREBY CONSENT that the Records Access Officer may communicate with my attorney in this matter, Paloma A. Capanna, Attorney, 633 Lake Road, Webster, New York 14580, (585) 377-7260, and that the response to this request should be sent directly to her attention.


Donald Montgomery
91 Broadmoor Trail
Fairport, New York 14450

Dated: August 29, 2014

(formerly residing at 325 Fawn Lane, Cutchogue, NY 11935)

Montgomery vs. Cuomo

Exhibit Group G

Exhibit #27 – Sheriff's Department letter (September 8, 2014)

COUNTY OF SUFFOLK



OFFICE OF THE SHERIFF

Vincent F. DeMarco

SHERIFF

September 8, 2014

Donald Montgomery
91 Broadmoor Trail
Fairport, NY 14450

Mr. Montgomery,

Due to the fact that you permanently reside in Monroe County, your pistol license with the Suffolk County Sheriff, which is currently suspended, is hereby cancelled.

D/S Inv. Sgt. Williams

D/S Inv. Sgt. Williams
C.O. Pistol License Section

Pistol License Bureau

100 Center Drive

Riverhead, New York 11901-3390

(631) 852-2233

(631) 852-2843-Fax

Montgomery vs. Cuomo

Exhibit Group G

Exhibit #28 – Sheriff's Department letter (September 8, 2014)



OFFICE OF THE SHERIFF

Vincent F. DeMarco

SHERIFF

September 8, 2014

Paloma Capanna
633 Lake Road
Webster, NY 14580

Re: Donald Montgomery

Our office has received your request for all pertinent paperwork in regards to your client's pistol license. I have enclosed several documents for your review. Please don't hesitate to call me if you need anything else. As far as conducting a hearing in reference to Mr. Montgomery's pistol license status, it is my belief that would not resolve the issue. I advised Mr. Montgomery numerous times that the NY State Police sent our office a letter deeming him adjudicated as mental defective or having been involuntarily committed to a mental institution. Under federal law, he is prohibited from possessing a firearm, rifle, or shotgun. Our office has no authority to change that. Once again, please don't hesitate to call if you need any other information, we would be glad to assist in this matter.

D/S Inv. Sgt. Williams
D/S Inv. Sgt. Williams
C.O. Pistol License Section

Pistol License Bureau
100 Center Drive
Riverhead, New York 11901-3390
(631) 852-2233
(631) 852-2843-Fax



Eastern Long Island
Hospital

JOSEPH A. D'AMICO
SUPERINTENDENT

NEW YORK STATE POLICE
BUILDING 22
1220 WASHINGTON AVE.
ALBANY, N. Y. 12226-2252

Sleep Deprivation

May 29, 2014

Suffolk County Clerk's Office
Judith A. Pascale
310 Center Drive
Riverhead, NY 11901

The Division of State Police has become aware that a person identified as **Donald H Montgomery, (DOB) [REDACTED] 1946**, has been adjudicated as a mental defective or has been involuntarily committed to a mental institution. Under federal law, this individual is prohibited from possessing a firearm, rifle or shotgun pursuant to 18 U.S.C. 922(g)(4).

The New York State Police has made a non-fingerprint-based identification consistent with a subject bearing the same name and non-clinical identifying information who is a licensee or an applicant for a firearms license in your jurisdiction.

Please be aware that the identity of the subject is based on a match of the following information:

941 MHL SUBJECT:	
Name:	Donald H Montgomery
DOB:	[REDACTED] 1946
SSN:	[REDACTED]-2895
Address:	325 Fawn Lane Cutchogue, NY 11935
Gender:	Male
Race:	White
Other:	

The State Police provides the enclosed information for your immediate review to enable licensing officers, or any judge or justice of a court of record, to take appropriate action before you revoke or

To assist in further identifying the individual, the contact information of the reporting medical professional can be obtained by calling Mr. John Allen, Special Assistant to the Commissioner of the New York State Office of Mental Health at (518) 473-6579.

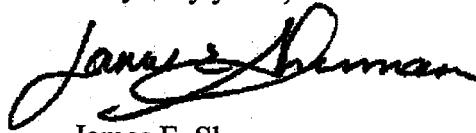
The State Police Member assigned to this notification is below:

NYS POLICE MEMBER WHO IS INVESTIGATING AND NOTIFICATION	
Name:	T/Sgt. Timothy Jackson
Phone:	(518) 464-7120

In the event that a suspension or revocation order is issued, please provide the name of the law enforcement agency to which the order was referred.

This notification should be handled with attention given to strict confidentiality. Thank you in advance for your immediate attention to this matter.

Very truly yours,



James E. Sherman
Technical Lieutenant
Pistol Permit Bureau
New York State Police

6/2/14 0900 - Spoke to
Montgomery, Donald and he
states he doesn't have any
rifles or shotguns.

COUNTY OF SUFFOLK



OFFICE OF THE SHERIFF

Vincent F. DeMarco

SHERIFF

June 2, 2014

Donald Montgomery
325 Fawn Lane
Cutchogue, NY 11935

C-[REDACTED]

Mr. Montgomery,

This letter is to officially inform you that your pistol license is suspended. The Division of State Police has notified our office that you have been adjudicated as mental defective or have been involuntarily committed to a mental institution. Under federal law, you are prohibited from possessing a firearm, rifle, or shotgun.

Sincerely,

A handwritten signature in black ink, appearing to read "D/S Inv. S.A. D. Q." with a small "70" at the end.

Commanding Officer SCSO Pistol License Section

Pistol License Bureau

100 Center Drive

Riverhead, New York 11901-3390

(631) 852-2233

(631) 852-2843-Fax

COUNTY OF SUFFOLK



OFFICE OF THE SHERIFF
Vincent F. DeMarco

SHERIFF

September 8, 2014

Donald Montgomery
91 Broadmoor Trail
Fairport, NY 14450

Mr. Montgomery,

Due to the fact that you permanently reside in Monroe County, your pistol license with the Suffolk County Sheriff, which is currently suspended, is hereby cancelled.

A handwritten signature in black ink that reads "D/S Inv. Sgt. Williams".

D/S Inv. Sgt. Williams
C.O. Pistol License Section

PROPERTY RECEIPT

007762



SHERIFF'S OFFICE

 100 CENTER DRIVE
 RIVERHEAD, NEW YORK 11901-3390
 (631) 852-2200

SURRENDERED BY

Donald H. Montgomery C- [REDACTED]

FOUND BY

(NAME) OR (I.D. NUMBER)

WTR

325 Fawn Lane

(STREET) OR (CC NUMBER)

DVU

Cutchogue NY

11935

EVIDENCE

(TOWN)

(STATE)

(ZIP)

RECEIVED BY

D/S Inv. Darren F. DiCarlo SH. # 451

(TITLE)

(NAME)

Pistol License DATE 5/30/14

(AGENCY) (BUREAU) OR (SECTION)

PURPOSE OF SURRENDER

DESTROY _____ HOLD _____

GIVE EXPLANATION Suspended

REF. #	MAKE	MODEL	TYPE	CAL.	SERIAL NUMBER(S)	LOC.
✓	Colt	Det spl	Rev.	.38	[REDACTED]	Prop.
✓	FIP	Derringer	Derr.	.38	[REDACTED]	Prop.
✓	Glock	26	Auto	9mm	[REDACTED]	Prop. No. 1
	S&W	BG 380	Aut	.380	[REDACTED]	Prop. No. 1

DRAWER 7

PROPERTY SECTION RECEIPT

c/o Cul Brg SH. 153 DATE 05/30/14

(TITLE)

(NAME)

DISPOSITION

RECEIVED BY _____ DATE _____

(PRINT NAME)

SIGNATURE _____ ID _____

(DRIVER LIC.#)

SHIELD NUMBER _____ AGENCY _____

(PRINT OR TYPE ALL INFORMATION)

SUFFOLK CNY SHERIFF
PISTOL LICENSE SECTION
100 CENTER DRIVE
RIVERHEAD NY 11901

RECEIVED
SUFFOLK COUNTY SHERIFF'S OFFICE
DEPT. OF POLICE
JAN 15 2015



7012 3460 0000 0014 6422

PALOMA CARANNA
633 LAKE ROAD
WEBSTER NEW YORK
14580

1/12/14
14580

Montgomery vs. Cuomo

Exhibit Group G

Exhibit #29 – OMH letter (November 20, 2014)

Paloma A. Capanna
Attorney & Policy Analyst

633 Lake Road
Webster, New York 14580

(585) 377-7260
fax (585) 377-7268

September 2, 2014

Records Access Officer
NYS Office of Mental Health
44 Holland Avenue
Albany, New York 12229

Re: **Mr. Donald Montgomery**

To the Records Access Officer:

Enclosed is an "Application for Public Access to Records," signed by Mr. Donald Montgomery, requesting his own records at your agency or office. I represent Mr. Montgomery in this matter and the responsive records should be sent to my attention. This direction is also printed on the document signed by Mr. Montgomery.

Please do not hesitate to contact me with any questions.

Thank you for your assistance in this matter.

Respectfully,

Paloma A. Capanna
Paloma A. Capanna

c. (w/encl.): **Mr. Donald Montgomery**

APPLICATION FOR PUBLIC ACCESS TO RECORDS

To: RECORDS ACCESS OFFICER

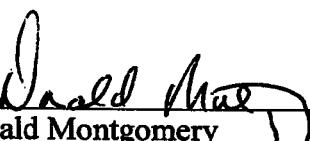
Agency: NYS Office of Mental Health
44 Holland Avenue
Albany, New York 12229

I HEREBY APPLY TO INSPECT THE FOLLOWING RECORDS:

1. all records pertaining to me in the custody of or under the control of the New York State Office of Mental Health;
2. all records pertaining to me in the custody of or under the control of the New York State Office of Mental Health, specifically as may relate to the New York Mental Hygiene Law, including, but not limited to, records as may have been filed pursuant to or relate to Mental Hygiene Law §§9.46, 9.39, 33.13, 18, or 17;
3. all records pertaining to me in the custody of or under the control of the New York State Office of Mental Health relative to the Bureau of Alcohol, Tobacco, Firearms, and Explosives (BATFE), the Federal Bureau of Investigation, the Division of Criminal Justice Services (DCJS), the New York State Police, the Suffolk County Clerk's Office, the Suffolk County Sheriff's Office, or any medical or mental health provider, particularly with regard to my pistol permit, to any claim of having suffered a disqualifying event, to any claim relative to any medical or mental health services I may have received, or otherwise; and,
4. all records pertaining to me in the custody of or under the control of the New York State Office of Mental Health, specifically as may relate to the process through which my pistol permit was suspended in or about June 2014.

I HEREBY REQUEST COPIES OF THE FOLLOWING RECORDS AT \$.25 PER PAGE:
All records, without limitation, which satisfy the above-itemized requests for information.

I HEREBY CONSENT that the Records Access Officer may communicate with my attorney in this matter, Paloma A. Capanna, Attorney, 633 Lake Road, Webster, New York 14580, (585) 377-7260, and that the response to this request should be sent directly to her attention.



Donald Montgomery
91 Broadmoor Trail
Fairport, New York 14450

Dated: August 29, 2014

(formerly residing at 325 Fawn Lane, Cutchogue, NY 11935)



State of New York
Andrew M. Cuomo
Governor



Office of Mental Health
44 Holland Avenue
Albany, New York 12229
www.omh.ny.gov

October 9, 2014

Paloma A. Capanna
633 Lake Road
Webster, NY 14580

Dear Ms. Capanna:

This is a follow-up to your September 2, 2014 Freedom of Information Law (FOIL) request.

Under the Freedom of Information Law, an agency must grant or deny access to records within 20 business days unless the volume or complexity of each request demands more time. The search, retrieval, and review of the information you have requested requires an extension and we anticipate responding to your request by November 10, 2014.

Your patience in this matter is greatly appreciated.

Sincerely,

Records Access Officer
(518) 474-1331





State of New York
Andrew M. Cuomo
Governor



Office of Mental Health
44 Holland Avenue
Albany, New York 12229
www.omh.ny.gov

September 11, 2014

Paloma A. Capanna
633 Lake Road
Webster, NY 14580

Dear Ms. Capanna:

We are in receipt of your September 2, 2014, 2014 Freedom of Information Law (FOIL) request, received by our office on September 4, 2014.

We are processing your request and anticipate responding by October 9, 2014. Should the search, retrieval and legal review of the information you request require additional time, we will notify you as soon as possible.

Copying fees for any materials requested are made at the rate of \$0.25 per page. You will be notified in advance of the total cost before the information is mailed out.

Please feel free to contact our office if you have any questions about the above.

Sincerely,

Records Access Officer
(518) 474-1331





State of New York
Andrew M. Cuomo
Governor



Office of Mental Health
44 Holland Avenue
Albany, New York 12229
www.omh.ny.gov

November 10, 2014

Paloma A. Capanna
633 Lake Road
Webster, NY 14580

Dear Ms. Capanna:

Please consider this our response to your September 2, 2014, 2014 Freedom of Information Law (FOIL) request for records relating to your client, Donald Montgomery.

In response to item #1 of your request for “all records pertaining to [your client] in the custody of or under the control of the New York State Office of Mental Health;” OMH’s record-keeping system does not allow us to search for “all records” pertaining to a particular individual by name. Public Officers Law §89(3)(a) requires a FOIL request to “reasonably describe” the records sought. “[W]hether a request reasonably describes the records sought... may be dependent upon the terms of a request, as well as the nature of an agency’s filing or record-keeping system.” (Committee on Open Government Advisory Opinion FOI-AO-18863).

In response to item #2 of your request for “all records pertaining to [your client] in the custody of or under the control of the New York State Office of Mental Health, specifically as may relate to the New York Mental Hygiene Law...,” FOIL protects from disclosure all records that are specifically exempt from disclosure under state or federal statute (Public Officers Law §87(2)(a)). Clinical records, including records which tend to identify individuals receiving mental health services, may not be disclosed in response to a FOIL request (Mental Hygiene Law §33.13(c) and HIPAA privacy regulations at 45 CFR Parts 160 and 164). If you are a qualified person for purposes of requesting a copy of your client’s mental health records (Mental Hygiene Law §33.16(a)(6)), you should make your request in writing, pursuant to Mental Hygiene Law §33.16, directly to the individual’s care provider.

In response to items #3 and #4 of your request for “all records pertaining to [your client] in the custody of or under the control of the New York State Office of Mental Health ... particularly with regard to [your client’s] pistol permit, to any claim of having suffered a disqualifying event, to any claim relative to any medical or mental health services [your client] may have received,” and “all record pertaining to [your client] in the custody of the New York State Office of Mental Health, specifically as may relate to the process through which [your client’s] pistol permit was suspended in or about June 2014,” we are unable to conduct an accurate and reliable search of our records based on the information provided by your client.

Please note, Public Officers Law §87(2) states that an agency may deny access to records or portions thereof that are specifically exempted from disclosure by state or federal statute. If you are requesting any records maintained by OMH pursuant to the New York State Secure Ammunition and Firearms Enforcement (SAFE)



Act, these records are exempt from disclosure pursuant to Mental Hygiene Law §9.46 ("Information transmitted to the division of criminal justice services ... may only be used for determining whether a license issued pursuant to section 400.00 of the penal law should be suspended or revoked, or for determining whether a person is ineligible for a license issued pursuant to section 400.00 of the penal law, or is no longer permitted under state or federal law to possess a firearm.") and Penal Law §400.02 ("Records assembled or collected for purposes of inclusion in such database shall not be subject to disclosure pursuant to article six of the public officers law [Freedom of Information Law].")

Should you wish to appeal any aspect of this determination, a request for an appeal must be received within 30 days of your receipt of this letter and should be addressed to: Robin Goldman, House Counsel, NYS Office of Mental Health, 44 Holland Avenue, Albany, NY 12229.

Sincerely,



Kristin O'Neill
Associate Attorney
Counsel's Office

Montgomery vs. Cuomo

Exhibit Group G

Exhibit #30 – DCJS letter (undated)

Paloma A. Capanna
Attorney & Policy Analyst

633 Lake Road
Webster, New York 14580

(585) 377-7260
fax (585) 377-7268

September 2, 2014

Records Access Officer
NYS Division of Criminal Justice Services
80 South Swan Street
Albany, New York 12210

Re: Mr. Donald Montgomery

To the Records Access Officer:

Enclosed is an "Application for Public Access to Records," signed by Mr. Donald Montgomery, requesting his own records at your agency or office. I represent Mr. Montgomery in this matter and the responsive records should be sent to my attention. This direction is also printed on the document signed by Mr. Montgomery.

Please do not hesitate to contact me with any questions.

Thank you for your assistance in this matter.

Respectfully,

Paloma A. Capanna
Paloma A. Capanna

c. (w/encl.): Mr. Donald Montgomery

APPLICATION FOR PUBLIC ACCESS TO RECORDS

To: RECORDS ACCESS OFFICER

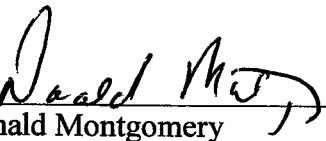
Agency: NYS Division of Criminal Justice Services
80 South Swan Street
Albany, New York 12210

I HEREBY APPLY TO INSPECT THE FOLLOWING RECORDS:

1. all records pertaining to me in the custody of or under the control of the New York State Division of Criminal Justice Services;
2. all records pertaining to me in the custody of or under the control of the New York State Division of Criminal Justice Services, specifically as may relate to the New York Mental Hygiene Law, including, but not limited to, records as may have been filed pursuant to or relate to Mental Hygiene Law §§9.46, 9.39, 33.13, 18, or 17;
3. all records pertaining to me in the custody of or under the control of the New York State Division of Criminal Justice Services relative to the Bureau of Alcohol, Tobacco, Firearms, and Explosives (BATFE), the Federal Bureau of Investigation, the NYS Office of Mental Health, the New York State Police, the Suffolk County Clerk's Office, the Suffolk County Sheriff's Office, or any medical or mental health provider, particularly with regard to my pistol permit, to any claim of having suffered a disqualifying event, to any claim relative to any medical or mental health services I may have received, or otherwise; and,
4. all records pertaining to me in the custody of or under the control of the New York State Division of Criminal Justice Services, specifically as may relate to the process through which my pistol permit was suspended in or about June 2014.

I HEREBY REQUEST COPIES OF THE FOLLOWING RECORDS AT \$.25 PER PAGE:
All records, without limitation, which satisfy the above-itemized requests for information.

I HEREBY CONSENT that the Records Access Officer may communicate with my attorney in this matter, Paloma A. Capanna, Attorney, 633 Lake Road, Webster, New York 14580, (585) 377-7260, and that the response to this request should be sent directly to her attention.


Donald Montgomery
91 Broadmoor Trail
Fairport, New York 14450

Dated: August 29, 2014

(formerly residing at 325 Fawn Lane, Cutchogue, NY 11935)

IF YOUR CLIENT IS CURRENTLY LIVING IN NEW YORK THEY MUST CONTACT OUR VENDOR, MORPHOTRUST, TO SETUP AN APPOINTMENT TO BE FINGERPRINTED. THEIR NUMBER IS 877-472-6915. THEY WILL ALSO ASK FOR AN ORI NUMBER: NYDCJSR. IF YOUR CLIENT WANTS THE RESPONSE TO BE SENT TO YOU, THE ATTORNEY, THEY CAN PROVIDE YOUR NAME AND ADDRESS FOR THE ATTORNEY SECTION WHEN SCHEDULING THE APPOINTMENT.

IF YOUR CLIENT DOES NOT LIVE IN NEW YORK, PLEASE CONTACT OUR OFFICE AT 518-457-9847 TO REQUEST AND APPLICATION PACKET BE SENT TO THEM. THERE WILL BE A FINGERPRINT CARD THAT THEY WILL HAVE TO TAKE TO THEIR LOCAL POLICE DEPARTMENT TO BE FINGERPRINTED ON.

IF YOUR CLIENT IS CURRENTLY INCARCERATED, THEY MUST WRITE TO US FROM THE FACILITY THEY ARE IN REQUESTING THEIR CRIMINAL HISTORY. THEY MUST INCLUDE THEIR NAME, DATE OF BIRTH, WHICH FACILITY THEY ARE IN, AND ANY JAIL IDENTIFICATION NUMBER THEY HAVE.

THANK YOU

**NYS DIVISION OF CRIMINAL JUSTICE SERVICES
80 SOUTH SWAN STREET
ALBANY, NY 12210**

ALBANY NY 12201

Paloma A. Caponna
6333 Lawne Road
Webster, NY 14580

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Montgomery vs. Cuomo

Exhibit Group G

Exhibit #31 – NYS Police letter (September 11, 2014)

Paloma A. Capanna
Attorney & Policy Analyst

633 Lake Road
Webster, New York 14580

(585) 377-7260
fax (585) 377-7268

September 2, 2014

Records Access Officer
New York State Police
1220 Washington Avenue, Building 22
Albany, New York 12226-2252

Re: Mr. Donald Montgomery

To the Records Access Officer:

Enclosed is an "Application for Public Access to Records," signed by Mr. Donald Montgomery, requesting his own records at your agency or office. I represent Mr. Montgomery in this matter and the responsive records should be sent to my attention. This direction is also printed on the document signed by Mr. Montgomery.

Please do not hesitate to contact me with any questions.

Thank you for your assistance in this matter.

Respectfully,

Paloma A. Capanna
Paloma A. Capanna

c. (w/encl.): Mr. Donald Montgomery

APPLICATION FOR PUBLIC ACCESS TO RECORDS

To: RECORDS ACCESS OFFICER

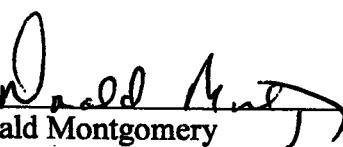
Agency: New York State Police
1220 Washington Avenue, Building 22
Albany, New York 12226-2252

I HEREBY APPLY TO INSPECT THE FOLLOWING RECORDS:

1. all records pertaining to me in the custody of or under the control of the New York State Police;
2. all records pertaining to me in the custody of or under the control of the New York State Police, specifically as may relate to the New York Mental Hygiene Law, including, but not limited to, records as may have been filed pursuant to or relate to Mental Hygiene Law §§9.46, 9.39, 33.13, 18, or 17;
3. all records pertaining to me in the custody of or under the control of the New York State Police relative to the Bureau of Alcohol, Tobacco, Firearms, and Explosives (BATFE), the Federal Bureau of Investigation, the NYS Division of Criminal Justice Services (DCJS), the Suffolk County Clerk's Office, the Suffolk County Sheriff's Office, the NYS Office of Mental Health, or any medical or mental health provider, particularly with regard to my pistol permit, to any claim of having suffered a disqualifying event, to any claim relative to any medical or mental health services I may have received, or otherwise; and,
4. all records pertaining to me in the custody of or under the control of the New York State Police, specifically as may relate to the process through which my pistol permit was suspended in or about June 2014.

I HEREBY REQUEST COPIES OF THE FOLLOWING RECORDS AT \$.25 PER PAGE:
All records, without limitation, which satisfy the above-itemized requests for information.

I HEREBY CONSENT that the Records Access Officer may communicate with my attorney in this matter, Paloma A. Capanna, Attorney, 633 Lake Road, Webster, New York 14580, (585) 377-7260, and that the response to this request should be sent directly to her attention.



Donald Montgomery
91 Broadmoor Trail
Fairport, New York 14450

Dated: August 29, 2014

(formerly residing at 325 Fawn Lane, Cutchogue, NY 11935)



JOSEPH A. D'AMICO
SUPERINTENDENT

**NEW YORK STATE POLICE
BUILDING 22
1220 WASHINGTON AVE.
ALBANY, N. Y. 12226-2252**

September 11, 2014

Paloma A. Capanna, Esq.
633 Lake Road
Webster, NY 14580

Dear Ms. Capanna:

Reference is made to your request for records, received at this office on September 4, 2014, pursuant to the requirements of Article 6 of the Public Officers Law (Freedom of Information).

Please be advised that your request is presently under review. A written response will be sent to you in approximately 20 business days from the date of this correspondence.

Sincerely,

Debra L. Benziger

T/Lieutenant Debra L. Benziger
Records Access Officer
Central Records Bureau

DLB/am

Montgomery vs. Cuomo

Exhibit Group G

Exhibit #32 – Capanna letter (September 2, 2014)

Paloma A. Capanna
Attorney & Policy Analyst

633 Lake Road
Webster, New York 14580

(585) 377-7260
fax (585) 377-7268

September 2, 2014

Pistol License Bureau
Suffolk County Sheriff's Office
100 Center Drive
Riverhead, New York 11901

Re: Mr. Donald Montgomery

To the Pistol License Bureau:

I represent Mr. Donald Montgomery in the matter of his pistol permit.

Enclosed is Mr. Montgomery's "NYS Firearms License Request for Public Records Exemption" form.

As of August 2014, Mr. Montgomery permanently resides in Monroe County at 91 Broadmoor Trail, Fairport, New York 14450.

Mr. Montgomery received notification from you of the suspension of his pistol permit, and is requesting a hearing to request the reinstatement of that permit. Our preference is for the hearing to be conducted in Monroe County because this is now his county of residence. We are requesting the transfer of Mr. Montgomery's file to Monroe County.

If you intend to retain the venue of the pistol permit hearing in Suffolk County, will you please so notify us? We will then be requesting a date to travel down for the review of the file and participate in a hearing.

Enclosed with a separate cover letter is a request for a copy of all records pertaining to Mr. Montgomery at the Suffolk County Sheriff's Department. I draw this to your attention because we would like to ensure that the response to this records request includes all records relating to Mr. Montgomery's pistol permit.

Paloma A. Capanna, Attorney

September 2, 2014

Page 2 of 2

Please do not hesitate to contact me with any questions or to otherwise discuss the matter of the venue for the hearing.

Respectfully,

Paloma A. Capanna

Paloma A. Capanna

c. (w/encl.): Mr. Donald Montgomery

NYS Firearms License Request for Public Records Exemption*Pursuant to section 400.00 (5) (b) of the NYS Penal Law*

Reset

I am: an applicant for a firearms license currently licensed to possess a firearm in NYSName DONALD MONTGOMERY Date of Birth 1/1946Address 91 BROADMOOR TRAIL City FAIRPORT State NY 14450Firearms License Number C-[REDACTED] Date Issued JULY 2005Licensing Authority / County of Issuance or Application Suffolk County Sheriff's Office

I hereby request that any information concerning my firearms license application or firearms license not be a public record. The grounds for which I believe my information should NOT be publicly disclosed are as follows: (check all that are applicable)

1. My life or safety may be endangered by disclosure because:

- A. I am an active or retired police officer, peace officer, probation officer, parole officer, or corrections officer;
- B. I am a protected person under a currently valid order of protection;
- C. I am or was a witness in a criminal proceeding involving a criminal charge;
- D. I am participating or previously participated as a juror in a criminal proceeding, or am or was a member of a grand jury;

2. My life or safety or that of my spouse, domestic partner or household member may be endangered by disclosure for some other reason explained below: (Must be explained in item 5 below)

3. I am a spouse, domestic partner or household member of a person identified in A, B, C or D of question 1. (Please check any that apply)

A B C D

4. I have reason to believe that I may be subject to unwarranted harassment upon disclosure.

5. (Please provide any additional supportive information as necessary)

I understand that false statements made herein are punishable as a Class A Misdemeanor. I further understand that upon discovery that I knowingly provided any false information, I may be subject to criminal penalties and that this request for an exemption shall become null and void.

Donald M. Montgomery
Signature

8/28/14
Date

YOU MUST SIGN THIS REQUEST FOR YOUR EXEMPTION TO BE VALID.

Please return this FOIL Exemption Request to the Suffolk County Sheriff's Office Pistol License Bureau.
By Mail: Suffolk County Sheriff's Pistol License Bureau, 100 Center Drive, Riverhead, New York 11901

By Fax: 631-852-2843

By E-mail: SCSO.Pistols@suffolkcountyny.gov (Must have a signature.)

Paloma A. Capanna
Attorney & Policy Analyst

633 Lake Road
Webster, New York 14580

(585) 377-7260
fax (585) 377-7268

September 2, 2014

Records Access Officer
Suffolk County Sheriff's Office
100 Center Drive
Riverhead, New York 11901

Re: Mr. Donald Montgomery

To the Records Access Officer:

Enclosed is an "Application for Public Access to Records," signed by Mr. Donald Montgomery, requesting his own records at your agency or office. I represent Mr. Montgomery in this matter and the responsive records should be sent to my attention. This direction is also printed on the document signed by Mr. Montgomery.

Please do not hesitate to contact me with any questions.

Thank you for your assistance in this matter.

Respectfully,

Paloma A. Capanna
Paloma A. Capanna

c. (w/encl.): Mr. Donald Montgomery

APPLICATION FOR PUBLIC ACCESS TO RECORDS

To: RECORDS ACCESS OFFICER

Agency: Suffolk County Sheriff's Office
Pistol License Bureau
100 Center Drive
Riverhead, New York 11901

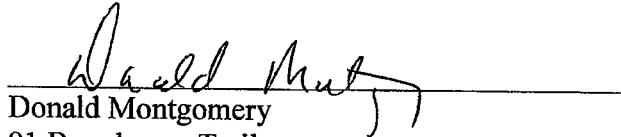
I HEREBY APPLY TO INSPECT THE FOLLOWING RECORDS:

1. all records pertaining to me at the Suffolk County Sheriff's Office, including, but not limited to the Pistol License Bureau, including those relating to my pistol permit or other firearms related matter;
2. all records pertaining to me at the Suffolk County Sheriff's Office, specifically as may relate to the New York Mental Hygiene Law, including, but not limited to, such forms as may have been filed pursuant to Mental Hygiene Law §§9.46, 9.39, 33.13, 18, or 17;
3. all records of individuals, agencies, law enforcement officer, or other government employee making inquiry into records pertaining to me at the Suffolk County Sheriff's Office, whether federal, state, or local in nature;
4. all records of individuals, agencies, law enforcement officer, or other government employee giving direction to the Suffolk County Sheriff's Office, whether federal, state, or local in nature, pertaining to me, particularly with regard to my pistol permit, to any claim of having suffered a disqualifying event, to any claim relative to any medical or mental health services I may have received, or otherwise;
5. all records pertaining to the process through which my pistol permit was suspended in or about June 2014; and,
6. all records pertaining to the personal contact with me by the Suffolk County Sheriff's Department in or about June 2014 for the collection of my firearms upon the suspension of my pistol permit.

I HEREBY REQUEST COPIES OF THE FOLLOWING RECORDS AT \$.25 PER PAGE:

All records, without limitation, which satisfy the above-itemized requests for information.

I HEREBY CONSENT that the Records Access Officer may communicate with my attorney in this matter, Paloma A. Capanna, Attorney, 633 Lake Road, Webster, New York 14580, (585) 377-7260, and that the response to this request should be sent directly to her attention.


Donald Montgomery
91 Broadmoor Trail
Fairport, New York 14450

Dated: August 29, 2014

(formerly residing at 325 Fawn Lane, Cutchogue, NY 11935)